

HAZARD CONTROL PLAN AND WORK AUTHORIZATION Page 1 of 2

This form is from ESH-17-035

1. Describe the work to be performed (use continuation page if needed) or give procedure number, revision number, and title.

HCP-ESH-17-GasGrill, R0

Title: Using the gas grill at TA-54 Cave.

This HCP describes the safe operation of the gas barbeque grill owned by the Air Quality Group and located at TA-54-1005. The use of the grill is contingent upon required Fire Marshall approval.

2. Describe potential hazards associated with the work (use continuation page if needed).

Burns from touching hot surfaces while cooking.

Fires caused by flames or hot particles in grill.

Explosion of propane tank

Accumulated gas igniting when lighting.

3. For each hazard, list the likelihood and severity, and the resulting initial risk level (before any work controls are applied, as determined according to LIR300-00-01.0, section 7.2)

Burns: Occasional / moderate = low.

Fires: Improbable / critical = low.

Explosion: Improbable / critical = low.

Overall *initial* risk: ☐ Minimal ☒ Low ☐ Medium ☐ High

4. Applicable Laboratory, facility, or activity operational requirements directly related to the work:

☐ None ☒ List:Work Permits required? ☒ No ☐ List:

Alert No. 0001, March 5, 2002, "Restrictions Due to Wildland Fire Conditions"

LIR402-840-01, "Welding, Cutting, and other Spark- or Flame-Producing Operations"

5. Describe how the hazards listed above will be mitigated (e.g., safety equipment, administrative controls, etc.):

Before the grill can be used, a "Spark- or Flame-Producing Operations Permit" (in LIR402-840-01) will be submitted and approved by the Fire Marshall, as required by Alert No. 0001.

Follow ALL operating and lighting instructions for the grill as described in the owner's manual.

Use the grill ONLY in the paved parking lot area in front of the entrance to the Cave. This location must be at least 35 feet from any combustible materials (especially grass).

Do not use the grill when the average 15-minute wind speed is more than 20 mph (as indicated on the LANL Weather Machine site).

Never leave the grill unattended when in operation.

Keep a fire extinguisher nearby when in use.

Use the grill only for food preparation. Store the grill outside only unless propane tank is removed.

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6. Knowledge, skills, abilities, and training necessary to safely perform this work (check one or both):

☐

Group-level orientation (per ESH-17-032) and training to applicable procedure.

☒

Other → Describe:

Read owner's manual and operation instructions for the grill.

7. Any wastes and/or residual materials? (check one) ☒ None ☐ List:8. Considering the administrative and engineering controls to be used, the *residual* risk level (as determined according to LIR300-00-01.0, section 7.3.3) is (check one):☐

Minimal

☒

Low

☐

Medium (requires approval by Division Director)

9. Emergency actions to take in event of control failures or abnormal operation (check one):

☐

None

☒

List:

Perform first aid as necessary. Call 911 for more severe injuries. Transport to hospital for less severe injuries. Always report any injury to ESH-2 Occupational Medicine.

After this form is approved, perform the work safely. Identify opportunities for improvements in safety and report these to the safety officer or group leader.

Preparer(s) signature(s) _____

Name(s) (print) _____ /Position _____

Date _____

[NOTE: Training to a procedure constitutes authorization.] **If this work is NOT described by a procedure:** I have reviewed the safety of this proposed work with the group safety officer and I commit to follow safe practices when performing this work.

Employee signature _____

Name (print) _____

Date _____

Additional employee signature (optional) _____

Name (print) _____

Date _____

Additional employee signature (optional) _____

Name (print) _____

Date _____

Group leader or safety officer review.

I have reviewed the proposed work with 1) the preparer(s) and 2) employees who will perform the work (if not described in a procedure) and I believe the hazards and safety concerns have been adequately addressed. The work as described above is hereby authorized. This authorization expires one year after the date below.

Group leader or safety officer signature _____

Name (print) _____

Date _____

This plan will be revised according to ESH-17-035. Group leader or safety officer: After completion, submit to ESH-17 Records Coord.

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Hazard Control Plan continuation page. Give item number being continued.